

SHOREHAVEN HLTH & REHAB CTR

1306 W WISCONSIN AVENUE PO BOX 208

OCONOMOWOC 53066 Phone:(262) 567-8341

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 150

Total Licensed Bed Capacity (12/31/04): 150

Number of Residents on 12/31/04: 137

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 137

Non-Profit Corporation

Skilled

No

Yes

Yes

137

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.1	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		32.8	
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	2.2	More Than 4 Years		35.0	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	27.7	65 - 74	8.8			-----	
Day Services	No	Mental Illness (Other)	2.2	75 - 84	27.7			100.0	
Respite Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	48.9	*****			
Adult Day Care	Yes	Para-, Quadra-, Hemiplegic	1.5	95 & Over	12.4	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	2.2		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	0.0		100.0	(12/31/04)			
Home Delivered Meals	Yes	Cardiovascular	8.0	65 & Over	97.8	-----			
Other Meals	Yes	Cerebrovascular	16.8		-----	RNs		11.7	
Transportation	No	Diabetes	2.2	Gender	%	LPNs		8.2	
Referral Service	No	Respiratory	6.6		-----	Nursing Assistants,			
Other Services	Yes	Other Medical Conditions	32.8	Male	21.9	Aides, & Orderlies			
Provide Day Programming for				Female	78.1	50.0			
Mentally Ill	No		-----		-----				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	1	1.5	162	0	0.0	0	2	3.6	230	0	0.0	0	0	0.0	0	3	2.2
Skilled Care	15	100.0	249	57	86.4	162	0	0.0	0	53	96.4	220	0	0.0	0	1	100.0	249	126	92.0
Intermediate	---	---	---	8	12.1	162	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	5.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		66	100.0		0	0.0		55	100.0		0	0.0		1	100.0		137	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	4.4	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	1.1	Bathing	0.7	70.1	29.2	137
Other Nursing Homes	3.3	Dressing	2.9	74.5	22.6	137
Acute Care Hospitals	78.0	Transferring	9.5	76.6	13.9	137
Psych. Hosp.-MR/DD Facilities	1.1	Toilet Use	10.2	64.2	25.5	137
Rehabilitation Hospitals	6.0	Eating	43.8	45.3	10.9	137
Other Locations	6.0	*****				
Total Number of Admissions	182	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	4.4		Receiving Respiratory Care	5.8
Private Home/No Home Health	29.3	Occ/Freq. Incontinent of Bladder	32.1		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	14.9	Occ/Freq. Incontinent of Bowel	21.9		Receiving Suctioning	0.0
Other Nursing Homes	0.5				Receiving Ostomy Care	2.2
Acute Care Hospitals	8.0	Mobility			Receiving Tube Feeding	1.5
Psych. Hosp.-MR/DD Facilities	0.5	Physically Restrained	3.6		Receiving Mechanically Altered Diets	38.0
Rehabilitation Hospitals	0.0					
Other Locations	14.4	Skin Care			Other Resident Characteristics	
Deaths	32.4	With Pressure Sores	2.9		Have Advance Directives	76.6
Total Number of Discharges		With Rashes	2.2		Medications	
(Including Deaths)	188				Receiving Psychoactive Drugs	55.5

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.4	87.4	1.00	86.5	1.01	87.3	1.00	88.8	0.98
Current Residents from In-County	78.1	86.8	0.90	87.0	0.90	85.8	0.91	77.4	1.01
Admissions from In-County, Still Residing	19.8	21.8	0.91	18.9	1.05	20.1	0.99	19.4	1.02
Admissions/Average Daily Census	132.8	159.1	0.83	188.2	0.71	173.5	0.77	146.5	0.91
Discharges/Average Daily Census	137.2	159.6	0.86	190.4	0.72	174.4	0.79	148.0	0.93
Discharges To Private Residence/Average Daily Census	60.6	63.2	0.96	77.5	0.78	70.3	0.86	66.9	0.91
Residents Receiving Skilled Care	94.2	96.1	0.98	95.9	0.98	95.8	0.98	89.9	1.05
Residents Aged 65 and Older	97.8	96.5	1.01	90.5	1.08	90.7	1.08	87.9	1.11
Title 19 (Medicaid) Funded Residents	48.2	50.4	0.96	56.3	0.86	56.7	0.85	66.1	0.73
Private Pay Funded Residents	40.1	33.2	1.21	22.2	1.81	23.3	1.72	20.6	1.95
Developmentally Disabled Residents	0.0	0.5	0.00	1.1	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	29.9	33.9	0.88	29.0	1.03	32.5	0.92	33.6	0.89
General Medical Service Residents	32.8	26.1	1.26	25.4	1.29	24.0	1.37	21.1	1.56
Impaired ADL (Mean)	53.6	51.2	1.05	52.6	1.02	51.7	1.04	49.4	1.08
Psychological Problems	55.5	62.3	0.89	55.4	1.00	56.2	0.99	57.7	0.96
Nursing Care Required (Mean)	6.6	7.1	0.93	7.7	0.86	7.7	0.85	7.4	0.88